



Dr. Chris Tye DDS, MD
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Introducing _____ Today's Date ____/____/____

Patient's Phone No. _____ Patient's D.O.B. ____/____/____

Referral Made by _____ @ _____ 's Office
Staff Member Doctor or Practice Name

Appointment has been made: Date: _____ Patient will call
 Time: _____ Please call patient

Evaluation

Infection Oral/Facial Trauma Orthognathic TMJ/Facial Pain Other

Procedures Requested

- Wisdom Teeth
- Extraction(s)
- Implant(s)
- Lesion
- Tissue Graft
- Extraction & Implant
- Exposure
- Bonding
- Fixed Hybrid Prosthesis
Secure Bite® / All-on-Four® / Pro-Arch
- Frenectomy
- Other
- Locator/Conus Prosthesis

Preferred System	Planned Restoration
Straumann Tissue Level Bone Level Astra EV	Screw Retained Cement Retained <hr style="width: 50%; margin: 0 auto;"/> Abutments by DDS TXOSS

	A	B	C	D	E	F	G	H	I	J							
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	T	S	R	Q	P	O	N	M	L	K							

Radiographs: E-mailed to DDSInfo@txoss.com Mailed Given to patient none
 Uploaded to Online Portal www.TXOSS.com>Refer a Patient > Online Referral

Other _____

Please Send Cards Please Send Referral Slips

 Doctor's Signature

You may also Refer your patient online at www.txoss.com Refer A Patient icon via HIPAA secure portal

Please Scan/Email to DDSInfo@txoss.com or Fax to 817-552-3224 before sending this form with your patient

PATIENT INSTRUCTIONS: PLEASE REGISTER ONLINE AT
www.TXOSS.COM

We Appreciate the confidence you have placed in our office!

t/wd/m/referral slip/referral to TXOSSyeV5 w Implant